

## ***AFFIDAVIT OF RETIREMENT***

I \_\_\_\_\_, hereby swear and affirm that I will retire effective \_\_\_\_\_ at which time I shall cease providing professional services in Kansas or any other state or any country. I further agree that should I resume providing professional services the tail coverage provided by the Health Care Stabilization Fund pursuant to the exception for retirement, shall terminate (unless I am reinstated as an active Kansas health care provider) and the responsibility for all prior occurrences will be my own.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Appointment expires: